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WOMEN'S HEALTH AT WORK

by Ursula Huws

If we take the word 'health' to mean more than just the absence of a medically-diagnosed disease, but a positive state of well-being, then we need some more general word than 'disease' to denote its opposite - the state of 'not-well-being'. Of course the original meaning of 'disease' ('dis-ease') was much more general, as was that of 'illness' ('ill' simply meaning the opposite of 'well'). However both these words have been so effectively hi-jacked to signify specific, medically-recognised conditions that they have lost much of their usefulness. That there is a need for a more general term is clear from common speech. People talk about feeling 'off-colour', 'peaky', 'a bit naff', 'debilitated', 'run down', 'poorly', or, most tellingly of all, 'not quite myself'.

Simplest solutions often being the best, in this article I have chosen to employ the word 'ill' in its original meaning of 'not-well' and use the term 'ill-being' to describe states like these which fall short of complete well-being while not necessarily fitting tidily into categories which can be accurately described in a single, multi-syllabic phrase on a sick-note.

This article, then, is about how waged work affects women's well-being, or produces ill-being, in the broadest sense, encompassing hard-to-define states of discomfort, stress or misery as well as medically-recognised diseases.

The first question to be addressed is: why consider women separately from men at all? Surely, it might be argued, if a workplace environment is unsafe or a chemical hazardous this is likely to affect human bodies equally, regardless of sex, and to treat women as a separate species is to obscure the real dangerousness of the situation. Is there not a risk that a focus on women as vulnerable will lead to discriminatory policies which exclude them from certain jobs altogether? This is a real danger, to which we will return. However there are a number of good reasons, some of them interconnected, why it is impossible to understand health in the workplace without focussing separately on women.

The first, and most obvious of these is that women's bodies are different from men's in several ways. Women have breasts, vulvas and uteri, while men have penises. Women menstruate, while men, although their moods and metabolism may also be subject to cyclical changes, don't. Women carry and give birth to babies; men don't. Women are, on average, smaller, lighter and less strong than men, although the overlap between them is greater than the difference: caucasian women, for instance, are often larger than asian men; young women are stronger than old men, and so on. Differences in size and strength only matter because most current safety standards - for instance for exposure to certain chemicals or maximum permitted weights for lifting - are set on the assumption that the worker is a young, fit white man (in the United States, for instance, it is common to use 'volunteers' from the US Marines for testing chemical exposure). Such standards put at risk anyone who is smaller, or whose susceptibility may be

increased because of old age or disability.

Some work hazards are directly related to women's distinctive biology. Until the second World War, for instance, it was common for women in the Lancashire cotton factories to be refused permission to leave their machines except for certain short, set periods. So when they were menstruating, they had to use whatever was available - usually an oily rag - to mop up the flow of blood. As a result of prolonged contact with the industrial oil, many developed cancer of the vulva. By a similar process, male garage mechanics are liable to contract cancer of the scrotum, from rubbing against oil-soaked overalls. However the work-related origin of the women's genital cancer took much longer to be discovered, because, until very recently, women were recorded in the official UK statistics (the *Standard Mortality Ratios*, which provide information on cause of death) under their husbands' occupation.

Menstruation is a touchy issue in the debates about equal opportunities. Faced with gross discrimination, and employers keen to seize any argument to perpetuate it, the 'equal rights' school of feminism has traditionally argued that its effects are insignificant. What business is it of the employer's, these women would argue, whether a woman is menstruating or not? Making this information public is not only an invasion of individual privacy, but also exposes women to a variety of forms of harassment, ranging from offensive jokes (sample: 'What's the difference between a woman with PMT and a rottweiler?' Answer: 'the rottweiler doesn't wear lipstick') to religious taboos against men working alongside menstruating women. According to this approach, one's periods are a purely private affair, which do not impinge on work in any way.

Yet this belief coexists uncomfortably with another, often acknowledged in private conversations between women: that having a period can be painful (with stomach cramps, for instance, or pre-menstrual migraine attacks) and physically draining; and that it can make some people clumsier than usual, or less able to concentrate.

In Japan, it is widely accepted that women will suffer when they are menstruating, and menstruation leave is a standard entitlement, and welcomed as a benefit by most working class women. Their middle-class sisters are not always so sure. Using abstract arguments based on equality, many have argued that such 'unequal' treatment can be used to justify giving men preferential treatment elsewhere in the workforce, in debates which echo those which have rumbled intermittently for over a century in the West over whether women should be 'protected' from night work, reproductive hazards, or carrying heavy weights.

For the individual woman, in her individual workplace, the situation is a no-win one, unless she has completely trouble-free periods or is well past her menopause. She has a choice of concealing her periods, and pretending to feel better than she does, or of making them known and, if necessary, taking extra time off work, as a result of which she may become the butt of jokes and be treated as an inferior worker. Either option is stressful; neither is conducive to well-being.

In a more extreme form, the arguments about menstruation are re-enacted around pregnancy and child-bearing. The fight to protect a woman's right to retain her job during and after child-birth has been so hard-fought that it has been difficult to raise specific demands for extra provisions to protect health during pregnancy. Here, a central difficulty has been to distinguish between the health of the foetus and the health of the mother. The traditional view, reinforced by employers and their insurance companies (terrified of being sued for damage to the foetus), has been to prioritise foetal health and to treat the mother simply as a foetus-carrier who constitutes a hazard to her unborn child just by working at all. The

logic of this argument requires that, at any hint of danger, the pregnant woman, or even, in some circumstances, the woman who may at some future date become pregnant, should be excluded from the workplace altogether.

Such arguments ignore the fact that anything which damages a foetus (such as lead, or ionising radiation) is also likely to damage any adult human being, male or female, and are often used as a smokescreen by employers anxious to avoid cleaning up the workplace. Once women of childbearing age have been excluded, men - often paid extra money for the risks they are running - remain working in highly dangerous environments with no concern for their health or that of their unborn children (both radiation and lead also adversely affect male fertility). That such measures have not really been taken for the benefit of women and children becomes clear when one examines the unconcern with which they are exposed to the same hazards in other contexts - for example, the lead in petrol and paint, the radiation around nuclear power stations, the complete lack of any bans on night-working or exposure to radiation for hospital nurses.

Again, the choice for individual women who work in dangerous environments is a no-win one: to risk harm to oneself or one's child, or to face exclusion.

Despite their prominence in the literature, in fact women's biological dissimilarities from men normally make only a very small contribution to the sum total of ill-being at work. The main occupational hazards are socially, not biologically, constructed. They stem, not from bodily difference, but from gender-based power relations, from occupational segregation and from women's role as carers.

These last two factors, in particular, are closely connected. Many of the positions women occupy in the workforce - cleaning, cooking, sewing, nursing, teaching, social work - are direct extensions of the work they do, unpaid, at home, and most are closely connected, directly or indirectly, with caring. A central component of caring, of course, is responsibility for the health and safety of others. If a child is scalded, the mother is blamed for not watching the saucepans; if her husband has a heart attack, it is because she failed in her duty to feed him only polyunsaturated fats; if her senile father-in-law wanders out of the front door and under a bus, it is her fault for not keeping a close enough eye on him.

From articles in women's magazines to posters in clinics the message is unvarying: it's the carer's fault. Rarely is it suggested, for instance, that the horrific toll of road accidents (one child in five is, at some point, injured in a traffic accident) might have something to do with poor design of housing estates, or bad traffic planning, rather than individual parents' failure to teach their children the *Green Cross Code*. This attitude was exemplified by the Chief Medical Officer of Health for Aberdeen, in an interview in the *Guardian* on the subject of accidents in the home. Describing accidents as 'the major epidemic of the 20th century' he said that over half happened in the home, and that the most common cause was fatigue, since 'most occur at the end of a period of maximum household activity or shortly after returning home from a strenuous day's work'. So, what did he see as the best form of prevention? Perhaps housewives should get more chance to rest? Perhaps homes should be redesigned to make them safer? No, Dr McQueen's solution was that

'the housewife must be taught to exercise special care when tired or worried, to remove potential causes of accidents and to overcome complacency' (*Guardian* 1978)

In other words, the woman's own well-being is a matter of supreme indifference; what matters is that the rest of the household should be protected from danger.

There can be few women, particularly among those who have spent time caring for small children, who have not internalised some of these attitudes. Not only do they routinely disregard their own well-being; they also feel guilty if anyone they are notionally responsible for is injured or becomes ill. And these attitudes, along with the caring roles, are carried across into the world of waged employment.

Hospitals provide one of the most dramatic examples. Here, women are concentrated in nursing, cleaning, catering and clerical jobs, where their time is divided between caring for the patients and servicing the 'professional' medical staff, who are more likely to be male. Although hospitals are supposed to be places which restore health, for the people who work in them they are in fact extremely hazardous. Staff are expected to work exceptionally long hours under very stressful conditions. They are expected to lift weights which would be banned as too heavy in factories. And they are exposed to highly infectious diseases and toxic substances. Most nurses are daily expected to handle infected shit, vomit, blood and urine and to run the risk of being scratched with infected needles or bitten by infected teeth. Many suffer from chronic fatigue and serious back injuries are common. Yet taking time off to care for their own health is frowned on.

Similar tales could be told of nursery nurses, home helps, and care assistants who cheerfully sacrifice their own health to that of their charges. Here too this can be explained by reference to the family, and the woman's role in it of protector of the health of the weak and dependent. What is less easy to explain is the way in which the ethos of self-sacrifice and disregard for one's own health also appears among women whose jobs do not, on the face of it, involve much caring at all - in factories, for example, or offices or shops.

It seems that the notion that one's own health doesn't matter is not job-specific but, part of the general condition of femininity. Although ostensibly the obverse of the macho notion that true masculinity involves risk-taking (and that it is 'feminine' to worry about dangers to one's health), conventional notions of what is feminine appear, ultimately, to produce the same result. While men don't complain about dangerous working conditions because it is 'unmanly' to be vulnerable, women don't because it is 'unfeminine' to be selfish. Thus are the hazards perpetuated.

Needless to say, not all women passively accept this role, and there have been numerous examples of groups of women workers who have been roused to militancy over health and safety issues. Nevertheless, the ideology of self-sacrifice (sometimes displaced as sacrifice to the cause of sisterhood or trade unionism) forms part of the context in which they must struggle.

The health effects of occupational segregation do not, of course, stop at their relegation of women to caring jobs. There is hardly an industry where there is not a sharp distinction between 'men's' and 'women's' jobs. In factories, women are concentrated in the most routine and repetitive assembly and packing jobs, especially those which involve 'dexterity'. In retailing they operate cash registers and smilingly serve customers with low-value goods (while their male colleagues manage them, and sell high-value, high-tech goods like cars, computers or hi-fis). In offices, they occupy the lowest echelons of the career ladder, pounding keyboards, filing papers and servicing the mainly male technical, professional and executive staff.

This segregation has several implications for health. At the simplest level, it means that women, being worse paid, are poorer than men. They are therefore - especially if they are lone carers or living alone - likely to be exposed to a whole range of stressors outside the workplace which may contribute to ill-being within it. They are more likely to be poorly housed, in polluted areas; they are less likely to be

adequately fed; they are more likely to have to use inadequate public transport; they are less likely to have leisure, and so on. These stresses, added to the stresses of combining unpaid housework and caring with paid work, create a very high 'background level' of stress, which any additional stresses generated within the workplace may tip over into danger levels.

Unfortunately, in most of the occupational ghettos where women find themselves working, such additional stresses are there in abundance. Whether they are in factories, in offices or in shops, the majority of these jobs involve the repetition of a narrow range of repetitive movements, often combined with intense visual concentration. In electronics factories, for instance, assemblers often have to squint down microscopes to see the tiny components they are working with; word processor or data entry operators have to stare at a brightly-lit screen while their fingers tap-dance across the keyboard. Additional stress is created by the pressure to work at speed. In some cases, workers are actually monitored by the machines which count such things as the number of keystrokes per hour, the number of customers dealt with, error rates and how often they take a break. In other cases, the discipline is provided by payment systems based on results. The combination of holding some muscles in the body in rigid and unchanging postures while others are obliged to move repetitively as fast as they are able leads to serious and, in some cases, irreversible strain injuries.

Another characteristic of most of these jobs is that they are fixed to one spot, while men's jobs tend to be more mobile. Over the years, time-and-motion studies have demonstrated to employers the numbers of fractions of seconds which are wasted if assembly-line workers leave their posts to fetch a new batch of components, copy-typists leave their workstations to retrieve something from a file, or check-out operators get up to replenish the stock of carrier bags. So all these excuses to stretch the limbs have been eliminated. If a machine needs servicing, this will normally be done by a man who roams freely about the building.

One would expect people who are immobilised in this way to be allocated more space than those who only touch base periodically during the course of a working day, but in fact the opposite is often the case. A stroll round most office-blocks will reveal huge empty, thickly-carpeted rooms, containing enormous empty mahogany-and-leather desks and several capacious chairs for the use of single managers who may occupy them for only a few hours a week, while nearby, on vinyl floor-tiles, rows of typists or data entry clerks are crammed together all day with barely space to put down their handbags. Despite the high levels of static produced by the VDUs, their chairs and workstations will most likely be coated in synthetic materials, and their air-conditioning primitive. Theirs will also be the area which looks out onto the inner courtyard where the dustbins are kept, rather than the landscaped grounds or city sky-scape framed by the managers' windows. The resulting cocktail of stresses (noise, poor ventilation, enforced exposure to the smoking or irritating habits of colleagues, poor temperature control, total lack of privacy, being physically constrained) produces a sense of ill-being which, despite the cheerful camaraderie of the oppressed, is almost tangible as one walks by.

However the physical effects of confinement are not the only way in which such segregation produces ill-being. It is also experienced as an expression of the gender-based power system which operates in the workplace. These women, immobilised at their workstations, frequently in open-plan areas, are literally available to the men who walk freely through. If their work includes secretarial duties, their job descriptions place them at the service of certain specified managers to whom they work, but often it is assumed that in emergencies they can also be called on by other managers to carry out services which are not specified in any job description ("just make us a cup of coffee, could you, love?"). Even men who are

supposedly their equals or inferiors in rank (such as post-room boys, security guards or fitters) are free to interrupt and banter as they walk through.

At its most benign, this permanent availability to male attention may be experienced as just a minor irritant or even as a source of pleasurable variety in an otherwise deadly routine. However it can take the form of serious sexual harassment, making work a daily nightmare to be endured at the cost of health and well-being. Significantly, many of the worst reported cases of sexual harassment, where women have been systematically abused both physically and mentally by groups of men, have taken place when women have trespassed across the invisible frontiers between occupational categories and asserted their ability to do 'male' jobs: on building sites, for instance, in the printing industry or in the fire brigade. Here, the role of sexual harassment becomes visible, not as an enjoyable ingredient in the social life of the workplace which has got a little out of hand, but as the policing of occupational boundaries. Sexual harassers are like the alsation dogs patrolling the perimeter fences of high-security buildings and most women, consciously or unconsciously, are aware that they may enter only by invitation, and then at their own risk. It is safer, by far, to stay well away.

I have tried to show in this article that the interplay between social factors and physical ones both in causing ill-being at work and in the ways in which that ill-being is experienced, are exceptionally complex. In many cases, the social relations of the workplace have become embodied in the design of jobs, of equipment and of buildings which carry with them specific physical hazards. I would like to conclude by pointing out that the solutions will be equally multi-faceted. It is not enough to find technical fixes, or to redesign buildings or machines, although these may help. Neither is it enough to redesign jobs, although this too may eliminate some hazards. It is not even enough to attempt a radical reappraisal of the division of labour within whole industries, although this might bring changes which would benefit many women. To produce working environments in which women's well-being is safeguarded at all times, it will be necessary to transform the very social relations on which our society is based.

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some related reading

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Craig, Marianne, *The Office Worker's Survival Guide*, BSSRS, 1981

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